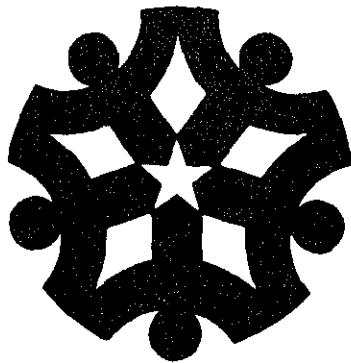


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# Programs for the Handicapped

Office for Handicapped Individuals

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Sept./Oct. 1980 • Number 5

## HIGHLIGHTS

**ED, HHS Take Shape**



**ED, HHS Programs for Handicapped Persons**

**ED Organization Chart (with contacts)**

**OPM Study Finds Decline in  
Handicapped Federal Employees**

**Federal Energy Assistance Programs  
Offer Aid to Low Income Handicapped**

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# ED, HHS Take Shape

Most of the desks have been moved, the phone numbers changed, and the personnel shifted. The structure of the newly created Department of Education (ED) and the reorganization of the Department of Health and Human Services (HHS), which replaces the Department of Health, Education, and Welfare, are almost complete.

It has been a massive undertaking and, understandably, it has left in its wake some confusion among constituents as to where the old programs have gone and what new offices have been created. To help clear up any confusion about ED or HHS programs and offices which deal with the concerns of the handicapped individuals, we have prepared the following overview of major organizational changes to date and an up-to-date list of current program addresses (see page 12).

## Major Changes

The former *Office of Education, HEW*, with its 34 elementary, secondary, post-secondary, special education, and research activities is now the *Department of Education*. Also included in the new department are rehabilitative services from HEW and education-related programs from the National Science Foundation and the Departments of Labor, Justice, Defense, and Housing and Urban Development.

Within ED's seven principal program offices (see organizational chart, page 10) programs for handicapped persons are concentrated in the *Office of Special Education and Rehabilitative Services (OSERS)*. Other programs affecting handicapped persons are sprinkled through the Offices of Elementary and Secondary Education, Post-secondary Education, Vocational and Adult Education, and Educational Research and Improvement (see Program List, page 12).

Principal components of the Office of Special Education and Rehabilitative Services (OSERS) include:

- *Office of Special Education*, formerly the Bureau of Education for the Handicapped, HEW.
- *Rehabilitation Services Administration*, formerly in HEW.
- *National Institute of Handicapped Research*, formerly in HEW.

Other former HEW programs now in OSERS are the *National*

*Council on the Handicapped* and the *Office for Handicapped Individuals*.

The education-related functions of the *Office for Civil Rights, HEW*, are now in a separate office (same name) in the Department of Education, headed by an Assistant Secretary. The *Architectural and Transportation Barriers Compliance Board* has been placed in the Department of Education for administrative support.

Within the Department of Health and Human Services, the Bureau of Developmental Disabilities (formerly in the Rehabilitation Services Administration), has been changed to the *Administration on Developmental Disabilities (ADD)* in the Office of Human Development Services (HDS). It will include overall program advocacy and leadership in the agency for the needs of the disabled. The *President's Committee on Mental Retardation* has been placed in the Immediate Office of the Assistant Secretary for Human Development Services.

The *Administration for Public Services*, which included Title XX administration, has been eliminated. The responsibility for promoting program quality, providing technical assistance and program monitoring for all HDS-funded social services, has been transferred to the program administrations serving the target populations.

A new *Office of Program Coordination and Review*, reporting directly to the Assistant Secretary of HDS, will be responsible for the remaining Title XX functions, including training and financial management. This office will promote the coordination of social services throughout HDS and will provide direction to regional operations.

More information on the reorganization of the Department of Health and Human Services has been published in a booklet, *This Is HHS*, available from the Office of Public Affairs, HHS, Communications Services, Room 618C Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

A new brochure entitled *Introducing the U.S. Department of Education* is available without charge from the Office of Public Affairs, Department of Education, Washington, D.C. 20202, Telephone: (202) 245-8787.

The first *Guide to ED Programs* will offer more detailed program descriptions and information necessary to begin the process of applying for any benefit under an ED-administered program. Free single copies will be available this Fall by writing to: ED Guide-81, Washington, D.C. 20202.

# Task Force Reports on Rights of Handicapped School Children

Secretary Shirley M. Hufstedler convened a Task Force on Equal Educational Opportunity for Handicapped Children on April 16 to recommend ways the Department of Education can better ensure the rights of handicapped school children. Betsy Levin, ED General Counsel, was appointed to chair the group.

The task force examined the Department's role in administration of the Education for All Handicapped Children Act (P.L. 94-142) and Section 504 of the Rehabilitation Act of 1973. The two laws are designed to expand educational access and opportunity for handicapped children.

The task force made specific recommendations with regard to administration and enforcement of these laws, including:

- Collect additional data for enforcement of the laws, but do so without unnecessarily increasing paperwork and other burdens on state and local education agencies.
- Coordinate enforcement activities in the two Department components responsible for the programs—the Offices of the Assistant Secretary for Special Education and Rehabilitative Services, and the Assistant Secretary for Civil Rights.
- Develop and disseminate widely policies interpreting the P.L. 94-142 and Section 504 regulations.
- Increase and enhance technical assistance and dissemination activities to inform state and local education agencies and parents of handicapped children of their rights and responsibilities.

The report also examined the status of education for handicapped children, noting that services for them are becoming more tailored to individual needs, and that efforts are being made at state and federal levels to improve services.

In its study, the task force reviewed testimony at Congressional Oversight hearings, the report of the Education Advocates Coalition and other data. The task force expressed concern with regard to barriers still facing handicapped children, including failure to adopt adequate evaluation and placement safeguards, and questions about the quality of education afforded them.

"The Department will review the findings of the Task Force to determine how we can better serve handicapped children with existing resources, and to determine which recommendations may require additional resources," Secretary Hufstedler said. "I am keenly aware of, and this Department is committed to, the importance of applying these laws in a way that will get maximum results for handicapped children within

the budgetary constraints established by the Congress the Department faces. The challenge we face is to make the most of our resources."

The Secretary named Edwin W. Martin, Jr., Assistant Secretary for Special Education and Rehabilitative Services, and Cynthia G. Brown, Assistant Secretary for Civil Rights, to co-chair a task force to continue working toward the goal of more effective administration of the programs. Judy Wegner, a special assistant to the Secretary, will serve as staff director.

## HHS, HUD Hold Conference On Help for Mentally Disabled

The Department of Health and Human Services and the Department of Housing and Urban Development recently held a joint conference on housing, health and social services for mentally disabled persons.

The national conference was convened to help 133 local sponsors implement a \$110 million HUD/HHS demonstration program which links subsidized housing with health and social services.

Under an agreement between the two departments, HUD provides funds for the construction or renovation of housing units, both small apartment complexes and group homes. The department also offers rent subsidies to assure that residents need pay only 15 to 25 percent of their incomes for rent.

HHS makes special Medicaid waivers to cover the cost of needed social services. In addition to health and mental health care, these may include such nontraditional services as training clients in money management, housekeeping, cooking, shopping, the use of public transportation and other skills they may need to live as independently as possible.

States were selected by HUD and HHS on the basis of their commitment to services for deinstitutionalized people, past performance and ability to manage this demonstration. HHS and HUD reviewed funding applications to assure the appropriateness of housing and service packages. HHS and HUD also give technical assistance to program developers, identifying service linkage potentials within states, and provide federal technical assistance efforts, such as this workshop. Local applications were solicited within each state and reviewed by the state. In turn they were submitted to a joint HUD/HHS coordinating committee, which made final award decisions. Where possible, states integrate existing services with the housing programs, and pay for needed additional services through the Medicaid waivers.

HUD funds go directly to local, nonprofit sponsors to construct or renovate housing. HHS funds go to sponsors to deliver services via the state Medicaid office.

"Impetus for the HUD/HHS collaboration originated with the President's Commission on Mental Health and the continuing interest of the Commission's honorary chairperson, Mrs. Rosalynn Carter," HHS Secretary Harris said. "This demonstration program will give more than 3,000 persons the housing and social supports they require to live independently and with dignity in their own communities."

Mrs. Carter launched the program in 1978, and HUD has reserved \$78 million in construction funds and rental subsidies to project sponsors in 39 states. As much as \$30 million for services will be available through the Medicaid waivers.

HUD Secretary Landrieu said, "Through this demonstration, I believe we can increase community understanding of the housing needs of the chronically mentally ill. We will continue our efforts to establish national standards and criteria for these residential facilities so this overlooked segment of our population can live productively and independently."

Because mental health, Medicaid, and housing programs at federal, state and local levels are administered under separate authorities, obstacles to coordination efforts are considerable. The HUD/HHS conference brought together management officials from each of the three areas as well as representatives of national mental health associations, the housing industry, and consumers.

Conference sessions instructed participants in such topics as housing development and financing regulations; mental health service development and linkage; and strategies for encouraging community acceptance and involvement in projects.

The President's Commission on Mental Health estimated there are 1.5 million adults in the U.S. with persistent and disabling mental disorders; many of these persons are capable of living in communities with varying amounts of social support. Ideally, such support would involve similar collaborations in employment, transportation, nutrition and other areas.

## Medicare, Medicaid Beneficiary Services Underway

Because of continuing confusion among beneficiaries of Medicare and Medicaid as to their exact benefits under these plans, and the resultant abuses by some in the insurance business who have sold elderly and handicapped persons insurance they did not need, the Health Care Financing Administration (HCFA), Office of Beneficiary Services (OBS) has undertaken the following initiatives at both central and regional levels:

- A Medigap training course for HCFA regional staff, who will, in turn, train volunteers nationwide to act as information sources for beneficiaries considering the purchase of private insurance to supplement Medicare.
- A national inventory of all HCFA components to obtain information about their beneficiary service activities. With this information, HCFA will be able to ensure the more efficient use of resources and determine the types of activities most effective in assisting beneficiaries.
- HCFA's Region VI (Dallas) staff recently coordinated a training program for the Arkansas Hospital Auxiliary Association to familiarize members with the Medicare and Medicaid programs, and other resources at the community, State and Federal levels. In this first statewide effort involving both programs, the hospital auxiliary members will advise Medicare and Medicaid patients and families about available services, answer general inquiries, and make appropriate referrals.
- As part of a joint HCFA/ACTION/RSVP effort, Region VI (Denver) staff are involved in a demonstration project designed to develop a program of highly skilled service delivery through volunteers to assist Medicare beneficiaries. The staff expects ongoing RSVP (Retired Senior Volunteer Program) services in the area to continue beyond the one-year demonstration period.

## Medigap Publications Available

The Intergovernmental Health Policy Project offers health care managers a comprehensive picture of issues surrounding the sale of Medicare supplements in *Medigap: State Responses to Problems with Health Insurance for the Elderly*. According to the author of this 61 page publication, many states have taken regulatory action to curb Medigap abuses, but most efforts have been limited in scope and do not yet provide full protection.

Summaries of specific State laws and regulations, and results of a survey of State insurance officials, are included in the booklet.

Copies are available at \$5.00 from the Intergovernmental Health Policy Project, George Washington University, Suite 505, 1919 Pennsylvania Ave., N.W., Washington, D.C. 20006, telephone: (202) 872-1445.

# HHS Funds Two New Centers For Huntington's Disease

HHS Secretary Patricia Roberts Harris recently announced the award of \$5 million to establish two innovative research centers on Huntington's disease and other neurological disorders characterized by brain degeneration and abnormal body movements.

The National Institute of Neurological and Communicative Disorders and Stroke made the grants to the Johns Hopkins University School of Medicine in Baltimore, and a consortium of medical institutions in Boston, headed by Harvard University Medical School.

Each grantee will establish a "Center Without Walls" a new approach to research on serious but little understood disorders of the nervous system.

Unlike the traditional idea of a specialized disease center *consolidated under one roof*, Centers Without Walls do not emphasize a central location for research. Instead, a Center Without Walls consists of investigators engaged in basic or clinical research in different departments within a university, or at different universities and medical centers. Patients and their families may be seen in clinical research facilities in any of the institutions comprising the center.

"These centers will be focal points for research into many devastating brain disorders," Secretary Harris said. "Through their work, we expect to discover more about the causes of these disorders, and how to treat them."

"The centers will also help us identify large numbers of patients with long-term neurological disease. Then we will be able to deal more effectively with the social, economic, psychological and legal problems that these patients and their families face."

In Boston, a five-year award of \$3,307,026 for direct costs will support investigators in various departments within Massachusetts General Hospital, McLean Hospital, Boston University, Tufts New England Medical School, the Boston Veterans Administration Hospital, and the University of Massachusetts.

This Center Without Walls will support 10 scientific investigations, including several projects to map and measure levels of brain hormones and neuropeptides—brain chemicals that influence thinking, emotions and pain perception. Other investigations focus on developing better methods for analyzing brain tissue to detect changes characteristic of degenerative brain disorders like Huntington's disease and Alzheimer's disease.

As part of the center's studies, a team of molecular geneticists at Massachusetts General Hospital will use recombinant DNA techniques to try to identify the exact location of the abnormal gene that causes Huntington's disease. Such

"gene mapping" research may lead to breakthroughs in preventing or treating genetic disorders. Dr. Joseph B. Martin of Massachusetts General Hospital, a Harvard affiliate, is the center's director.

The Johns Hopkins University will receive \$1,837,385 to cover direct costs of a center to be directed by Dr. Marshall F. Folstein. The center will oversee nine research projects including efforts to identify and examine all Huntington's disease patients in Maryland and to support research in genetic counseling techniques. The Johns Hopkins group will investigate abnormal eye movements and swallowing difficulties in Huntington's disease patients and study the effects of lesions in the basal ganglia, an area of the brain known to be involved in Huntington's disease, Parkinson's disease, Tourette syndrome, and other movement disorders.

This center will involve several departments and programs within the university, including psychiatry, neurology, genetics, epidemiology and public health. Patients will enter the center's programs through the J. Earle Moore Genetics Clinic at Johns Hopkins.

Establishing Centers Without Walls fulfills one of the major recommendations of the Commission for the Control of Huntington's Disease and Its Consequences. The commission reported its findings to Congress and the President in October 1977.

Officials at the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) estimate that more than 50 million Americans suffer from some kind of brain or nervous system disorder. Huntington's disease, hereditary disorder marked by progressive loss of mental faculties and uncontrollable movements, afflicts at least 20,000 people in the United States, with some 40,000 at risk of having inherited the defective gene. Many investigators see Huntington's disease as a model of other crippling and lethal neurological disorders.

"We are enthusiastic about the Centers Without Walls," said Dr. Donald B. Tower, NINCDS director. "They will attract patients from a much larger geographical region than is usually served by a single medical center, and this will give the investigators a much larger patient population than they usually see. The investigators in these centers will be breaking new ground in brain chemistry, genetics and health care research while looking for answers to basic questions about the human brain."

The NINCDS is a unit of the National Institutes of Health, one of six agencies comprising HHS' Public Health Service.

# NLS Studies Electronic Braille

by Donald Barrett, Special Assistant, Clearinghouse on the Handicapped

In an age when time and space are at a premium, and technology has strived to reduce electronic devices to their most portable and efficient miniatures, the braille reader has not been forgotten. The day appears to be not far off when braille cassettes will replace the cumbersome braille editions of popular reading materials presently used by braille readers.

The National Library Service for the Blind and Physically Handicapped (NLS) has contracted with the VSE Corporation of Alexandria, VA to evaluate three electronic reading machines which employ braille cassettes. These new devices, developed over the last three years, have captured the interest of consumers and professionals alike—mainly because of the high cost of present braille mass-production methods.

The devices being tested are the Elfina "Digacassette," Telesensory Systems' "VersaBraille," and Ald Electronics' "Braillocord." Although the reading machines differ in many of their design features, the basic reading system is the same. Electronic signals representing braille characters are recorded on standard cassette tapes. When the tapes are played back on one of the reading machines, the prerecorded signals activate pins in a recessed display of braille cells, which rise to form the dot configurations represented by the signals.

The computer's memory unit allows almost continuous reading capability. It receives blocks of characters, six lines at a time, and transfers one line at a time to the character display. The readers run their fingers over the 20 or 32 character line (depending upon which machine is being used), and then call the next line out of the memory unit by activating a special mechanism on the machine. When the sixth line has been read, the cassette automatically loads the memory with another block of lines.

The evaluation of the reading devices by the NLS has a three-fold goal of: 1) determining the acceptability of the cassette/braille concept by braille readers; 2) identifying preferred design characteristics of each machine; 3) combining reader feedback and NLS performance specifications in order to explore the feasibility of producing a low-cost and effective system of this type for wide distribution to braille readers. At present, production models of each machine cost approximately \$4000; but it is hoped that design modifications and mass production could significantly lower this figure.

The VSE Corporation has distributed approximately 100

Evaluative materials are presently being collected by VSE. Readers submit log sheets to VSE on a regular basis, commenting on the concept of the machine, as well as on, the pros and cons of the particular machine being tested. This data, as well as pre- and post-tests measuring reading speech and comprehension, will be used by VSE in formulating reports to NLS.

Although general informal comments are favorable, there is as yet no formal analysis of reader feedback. However, it is safe to say that if a system of this type is adopted, one major advantage will be a significant reduction in the space needed by consumers, libraries, and braille producers for the storage of braille materials. It is estimated that one cassette tape will hold the equivalent of 300 pages of braille.

The Clovernook Home and School for the Blind, a major producer of braille materials located in Cincinnati, Ohio, has been chosen to produce the master cassettes from which duplicates are made for distribution to readers. Since the cassettes are only compatible with the machines they were designed for, Clovernook must produce three separate master tapes, one for each of the three reading systems. Interface modifications and software changes are necessary to enable Clovernook's PDP-11/34 computer (which stores the initial braille documents) to produce the types. These technical difficulties are being ironed out.

Whatever the outcome of the NLS evaluation, it is evident that the production of braille has become a matter of great importance to those who depend upon it and to those who are involved in its distribution. Economic constraints are forcing those in the field of work with the blind to take a new look at the methods presently in use for keeping blind persons supplied with one of the most important tools available to them—braille.

For further information on this project, contact Richard Evensen, Program Analyst, National Library Services for the Blind and Physically Handicapped, Washington, DC 20542 (202) 882-5500.

## Full Speech CRT Debutes

Employees at the Rehabilitation Services Administration's Bureau for the Blind and other interested federal personnel were recently treated to a demonstration of a remarkable new device for the blind. Named "Total Talk" by its producers, Maryland Computer Services, Inc., this device is an intelligent, Cathode Ray Tube (CRT) terminal with full speech output capability.

# Handicapped Federal Employees

Despite stepped-up equal employment opportunities and affirmative action programs for handicapped persons, the number of handicapped Federal civilian employees actually declined slightly from December 1977 to December 1978, according to a recent report by the U.S. Office of Personnel Management (OPM).

The report, titled *Statistical Profile of Handicapped Federal Civilian Employees*, attributes this decline to an overall decline in Federal employment during that period, and points out that there was a 4.98 percent increase in severely disabled employees—a status designated by the Equal Opportunity Employment Commission (EEOC) for special recruitment and placement efforts.

The report is based on the OPM's Central Personnel Data File (CPDF), which is a self-identification data collection system that redefined and expanded the number of handicaps to be reported. Under this system, all Federal employees were surveyed by March 1977. Since that time, information about new employees has been gathered at the time they are hired. The authors of the report note, however, that since the information is gathered on a voluntary basis, there may be a margin of error.

As of December 1978, there were 2,077,106 employees in the Federal work force, a reduction of 0.56 percent or 11,606 people from December 1977. Of this number, 6.74 percent of 139,941 reported a handicap, a slight drop from 6.85 percent in 1977.

Significant gains in the employment of severely disabled people included a 21.57 percent increase in employment of mentally retarded individuals, a 10.37 percent increase for persons with complete paralysis of the lower half of the body, a 16.30 percent increase for persons with partial paralysis of both hands, and an 18.65 percent increase for persons who are deaf without understandable speech.

"Accordingly," the study notes, "it seems likely that many of the attitudinal and procedural barriers to employment are diminishing for this portion of the handicapped population."

The report also found that deaf persons and blind persons were beginning to move from their traditional clerical occupations into professional positions. Deaf individuals, for example, with a "bachelors degree" were clustered in the GS 5-8 range in 1977; in 1978, they were clustered at the GS 12-13 level as compared to the GS 9-11 level for nonhandicapped individuals. Also, deaf individuals were able to penetrate the GS 16-18 "Super Grade" level in which they were not represented in 1977.

**Statistics on grade distribution by education for blind persons**

closely parallel those for deaf persons. Most other disability groups show little variation from the grade distribution of nonhandicapped Federal workers.

Although increases in promotions in 1978 for handicapped individuals lagged behind the increases for nonhandicapped workers, 6.61 percent to 12.39 percent respectively, within the GS 14-15 range, there was a 70.83 percent increase in promotions of persons with the severe disabilities specified by EEOC. Overall, severely disabled employees showed a 11.31 percent increase in promotions for all pay plans. In addition, the number of handicapped individuals who were demoted decreased 1.60 percent.

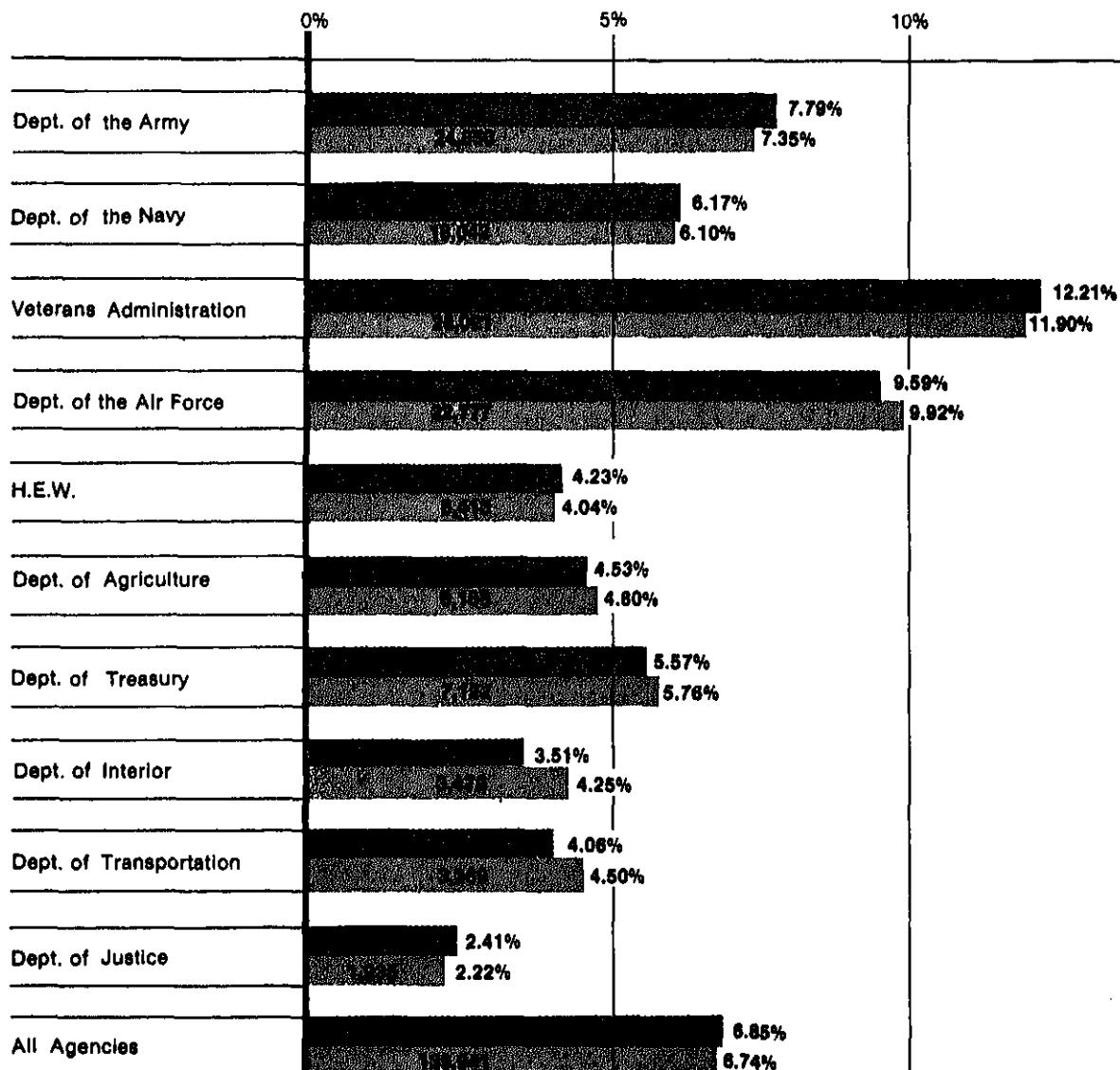
The number of handicapped persons separated from employment in some manner (resignation, disability retirement, death, etc.) increased 13.04 percent as compared with the 18.74 percent increase for nonhandicapped persons during the previous 12-month period. Among those who resigned, handicapped individuals reported a 10.31 percent increase as compared to a 20.96 percent increase for nonhandicapped individuals. However, among persons retiring on disability, there was a 23.94 percent increase for individuals reporting a handicap compared to a 3.06 percent increase for nonhandicapped.

As far as training, statistics show that handicapped Federal employees got close to their share—6.29 percent of all training compared to a 6.74 representation of the Federal work force. Also, an analysis of training incidences for each handicap shows that training percentages closely approximate disability percentages for the onboard handicapped work force.

"This suggests," the report notes, "that agencies are taking steps to accommodate handicapped employees in training programs so that they can acquire skills necessary for job performance and advancement."

Finally, the report revealed that males dominate the handicapped employee ranks—72.90 percent compared to 27.09 percent for the overall work force. And most of the handicapped Federal employees are 45 years old or over—71.11 percent for males and 58.96 for females.

**PERCENT OF HANDICAPPED EMPLOYEES TO TOTAL EMPLOYEES  
IN EACH OF THE LARGEST FEDERAL AGENCIES**



Key 1977 1978

The skyrocketing cost of fuel has made the onset of winter a time of severe stress for many low income handicapped persons. There are three Federal programs, however, designed to assist low income persons with rising energy costs and to help institutions housing handicapped persons with conservation activities.

### **The Home Energy Assistance Act of 1980**

Administered by the Department of Health and Human Services (HHS), Office of Family Assistance, and funded by revenue produced by the windfall profits tax, the Home Energy Assistance Act of 1980 (Title III of P.L. 96-223) authorizes grants to the States "to provide assistance to eligible households to offset the rising costs of home energy that are excessive in relation to household income."

Eligible households are those containing a person eligible for Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI) (with some exceptions), Food Stamps, certain Veterans Administration benefits, and other households with income at or below the Bureau of Labor Statistics Lower Living Standard.

The highest level of assistance must be given to households with the lowest incomes and the highest energy costs in relation to income. States are left to define "lowest income" and set income ranges.

The assistance can be in the form of direct payments to eligible households; payments on their behalf to their suppliers of home energy; and, for certain eligible tenants that live in specified public or subsidized housing, payments to their building operators. The amount of the assistance for a household depends on such things as the household's income and energy costs, climate, and the presence of an elderly or handicapped person in the household.

The act calls for elderly or handicapped persons to receive priority consideration. This can be done through ease of application or access to assistance, such as certifying elderly and handicapped persons by home visits or by mail, providing transportation, and utilizing the services and facilities of agencies and organizations which serve these individuals.

Households that are not considered eligible are generally those which are not directly vulnerable to energy cost increases, such as certain public and rent controlled housing; "congregate" or "domiciliary" care facilities or foster care placements which provide housing to SSI recipients and receive SSI state supplemental payments that correspond to these living conditions; and other public or private institutions where living costs are subsidized by state or local governments. The rules do stipulate that handicapped residents of

group homes and similar living arrangements may be eligible for energy assistance at reduced levels.

Interim final regulations governing low income energy assistance programs were issued and published in the *Federal Register* on May 30, 1980. Questions about the programs should be directed to your State energy office or by writing to the Office of Family Assistance, Department of Health and Human Services, Washington, D.C. 20201.

### **Weatherization Assistance Program**

The federal effort to weatherize homes of low-income families began on an ad hoc, emergency basis after the 1973 energy embargo. Local action agencies provided insulation as well as other assistance to help low-income families cope with the sudden increase in fuel costs.

A formal program, specifically designed to reduce fuel use and costs for low-income families, was set up by legislation in 1975 and was administered by the Community Service Administration (CSA).

CSA made grants directly to local agencies. In the beginning their efforts were concentrated on expedient, inexpensive and easy to install measures. In the three years in which CSA operated the program, their records indicate some 400,000 dwellings were improved.

In 1976, Congress enacted the Energy Conservation Production Act which authorized the Federal Energy Administration, since incorporated into the Department of Energy (DOE), to establish a weatherization grant program to assist low-income people.

In 1979, DOE became the sole federal agency responsible for weatherization assistance grants.

DOE administers the program through its 10 regional offices which review grant applications and state plans, make grants, award grants and monitor state programs.

Funds are allocated to the states using a formula which is based on the numbers of low-income households in each state, the annual heating and cooling degree days, and the percentage of total residential energy used for space heating and cooling.

States play a crucial role in managing, planning and monitoring the DOE weatherization program. They apply for grants, receive and administer the grant funds, and may allocate funds among local governments and organizations, particularly community action agencies, to implement the program. In certain instances Indian tribal organizations may apply directly to DOE for funding.

procedures in a job book called Project Netwo-Tech. The job book includes lists of cost-effective measures for various dwelling units.

The program restricts the type of material that can be installed, and stipulates that the products used must meet applicable federal standards.

Most of the homes weatherized under this program are caulked and insulated; some have storm windows installed. Other weatherization materials that can be installed include:

- furnace efficiency modifications
- clock thermostats
- water heater insulation
- vapor barriers
- skirting
- water flow controllers

Certain work/materials are not permitted under this program, including:

- furnace replacement
- general housing rehabilitation activities
- pipe insulation

In most communities the weatherization assistance program is administered through community based organizations, usually *community action agencies*.

The Department of Labor, under the Comprehensive Employment and Training Act (CETA), operates training and employment programs nationwide for unemployed individuals. These persons are taught skills through on-the-job training. The services of program personnel are available to other government and private nonprofit organizations. Most of the labor for the weatherization work has been provided by the CETA program.

All low-income households are eligible to receive weatherization assistance. A low-income household is: 1) one whose combined income falls below 125% of the Office of Management and Budget income poverty guidelines; or 2) is the recipient of certain federal, state and local cash assistance payments.

The maximum expenditure per dwelling for material and related program costs is \$1000. This amount may be increased to \$1600 if CETA workers are unavailable. Repair costs are limited to \$100.

Those seeking help should contact the local weatherization agency, or call a state weatherization program office or DOE regional representative for information.

An application will be sent when requested and, if desired,

home and decide what work needs to be done.

A priority will be assigned to the application according to a local rating system. The priorities are based on need and whether the applicant is handicapped or elderly.

Work is accomplished in turn according to its priority. Recently the regulations were revised to allow more contracting of work. Local agencies will soon have shorter backlog which means that work can be done more rapidly.

For more information contact: Office of Weatherization Assistance Programs, Conservation and Solar Energy, Department of Energy, Washington, D.C. 20585, telephone: (202) 252-2207/2476.

### **Institutional Buildings Grants**

The National Energy Conservation Policy Act of 1978 (NEDPA) (P.L. 95-619, 92 Stat. 3206) authorizes nearly \$1 billion for the Department of Energy (DOE) to provide financial assistance in the form of matching grants to assist schools, hospitals, public care institutions, and state and local governments in identifying and implementing energy conservation activities in their buildings.

Since many handicapped persons reside in eligible public care institutions (both public and private nonprofit, in buildings completed and occupied by April 20, 1977), operators of such buildings could substantially reduce energy cost, and thus operating cost, by applying for a DOE institutional building grant.

The grants, which must be matched dollar for dollar (except for some schools and hospitals), provide for the following services:

- *Preliminary Energy Audits* to gather data on numbers of buildings, size, type, ownership, rate of energy use, fuel sources, etc. These are usually conducted by the states to provide information for planning purposes.
- *Energy Audits*—on-site visits to gather more detailed data to determine if there are maintenance and operating procedure changes which will lower energy use. The energy audit also is used to determine which buildings have the highest priority to receive technical assistance. Financial assistance for energy audits is limited, generally between \$150 to \$300 per building.
- *Technical Assistance Analysis*—a detailed professional analysis which reports the specific costs, energy savings, and payback periods obtainable from installation of equipment or physical changes to the building structure, such as additional insulation or double glazing.
- *Energy Conservation Measures*—to design, purchase, and install equipment or make changes to the building structure which will save energy. Schools and hospitals

(See Energy Assistance, page 19)



SECRETARY OF ED

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The following is an up-to-date list of all programs for handicapped individuals in the Department of Education and the Department of Health and Human Services. The program titles, administering offices and telephone numbers are listed under the Assistant Secretary's Office in which they are located, in the order they appear in the Office of Management and Budget's (OMB) Catalog of Federal Domestic Assistance. For your information, the old catalog number appears in parentheses beside the program title. The new OMB number is next to it. The OMB number is not part of the mailing address.

Written communication should be addressed to: Program Title, Division, Office, Department (city and zip code given are the same for all department programs.)

**DEPARTMENT OF EDUCATION**  
**Washington, D.C. 20202**

**Office of Special Education and Rehabilitative Services**

*Children in State Operated or Supported Schools* (13.427)  
84.009

Division of Assistance to States  
202/472-4825

*Handicapped Research & Demonstration* (13.443) 84.023  
Division of Innovation and Development  
202/245-2275

*Handicapped Early Childhood Assistance* (13.444 (B))  
84.024  
Division of Innovation and Development  
202/245-9722

*Handicapped Innovative Programs—Deaf-Blind Centers*  
(13.445) 84.025  
Division of Assistance to States  
202/245-8749

*Handicapped Media Services & Captioned Films* (13.446)  
84.026  
Division of Media Services  
202/472-4640

*Handicapped Preschool & School Programs* (13.449)  
84.027  
Division of Assistance to States  
202/472-4825

*Handicapped Regional Resource Centers* (13.450) 84.028  
Division of Media Services  
202/472-1494

*Handicapped Personnel Preparation* (13.451) 84.029  
Division of Personnel Preparation  
202/245-9886

*Handicapped Teachers Recruitment & Information*  
(13.452) 84.030  
202/246-9661

*Regional Education Programs for Deaf & Other  
Handicapped Persons* (13.560) 84.078  
Division of Innovation and Development  
202/245-2722

*Handicapped Innovative Programs* (13.568) 84.086  
Projects for Severely Handicapped Children & Youth  
Special Needs Section  
202/472-2535

*Rehabilitation Services & Facilities* (13.624) 84.126  
Division of Resource Management  
Rehabilitation Services Administration  
202/245-0085

*Social Security Rehabilitation Programs* (13.625) 84.127  
Rehabilitation Services Administration  
202/245-1338

*Rehabilitation Services & Facilities Special Projects*  
(13.626) 84.128  
Division of Innovation Programs  
Rehabilitation Services Administration  
202/245-3186

*Rehabilitation Training* (13.629) 84.129  
Division of Manpower Development  
Rehabilitation Services Administration  
202/245-0079

*Rehabilitation Services & Facilities Innovation &  
Expansion* (13.649) 84.130  
Division of Resource Management  
Rehabilitation Services Administration  
202/245-0546

*Vocational Rehabilitation Services for Supplemental  
Security Income Beneficiaries* (13.651) 84.131  
Office of Program Operations  
Rehabilitation Services Administration  
202/245-0212

*Centers for Independent Living* (13.653) 84.132  
Special Assistant for Independent Living Projects  
Rehabilitation Services Administration  
202/245-0890

Margaret Giannini, M.D., Director  
National Institute of Handicapped Research

**Office of Educational Research and Improvement**

Correspondence to programs listed below should be addressed:

Office of Educational Research and Improvement  
Department of Education  
Washington, D.C. 20202

*Library Services and Construction Act (13.464) 84.034*

State and Public Library Services Branch  
Office of Libraries and Learning Technologies  
202/472-5150

*Consumer Education (13.564) 84.082*

Office of Consumer Education  
202/653-5983

*Women's Educational Equity (13.565) 84.083*

Women's Educational Equity Act Program  
202/245-2181

*Instructional Materials & School Library Resources*

(13.570) 84.088

Office of Libraries and Learning Technologies  
202/245-2488

*Telecommunications Demonstrations for Health, Education & Other Social Services (13.680) 84.134*

Division of Educational Technology  
202/245-9228

*Educational Research & Development (13.950) 84.117*

National Institute of Education  
202/254-6140

**Office of Vocational and Adult Education**

Correspondence to programs listed below should be addressed:

(Program Title, Division)  
Office of Vocational and Adult Education  
Department of Education  
Washington, D.C. 20202

*Adult Education (13.400) 84.002*

Division of Adult Education  
202/245-2278

*Vocational Education—Basic Grants to States (13.493)*

84.048

Division of State Vocational Program Operations  
202/472-3440

Division of State Vocational Program Operations  
202/472-3440

*Vocational Education Program Improvement Projects (13.498) 84.051*

Division of Research and Demonstration  
202/245-9634

**Office of Elementary and Secondary Education**

Correspondence to programs listed below should be addressed:

(Program Title, Division)  
Office of Elementary and Secondary Education  
Department of Education  
Washington, D.C. 20202

*Improvement in Local Educational Practice (13.571) 84.089*

Division of State Educational Assistance  
202/245-2488

*Career Education State Allotment Program (13.596) 84.104*

202/245-2284

**Office of Postsecondary Education**

Correspondence to programs listed below should be addressed:

(Program Title, Division)  
Office of Postsecondary Education  
Department of Education  
Washington, D.C. 20202

*Special Services for Disadvantaged Students (13.482) 84.042*

Division of Student Services  
202/245-6664

*University Community Service—Special Projects (13.557) 84.076*

Division of Training and Facilities  
202/245-9868

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Washington, D.C. 20201

**Office of Human Development Services**

Correspondence to programs listed below should be addressed:

Office of Human Development Services  
Department of Health and Human Services  
Washington, D.C. 20201

In 1979, the nation spent an estimated \$212.2 billion for health care, an amount equal to 9 percent of the gross national product, Health and Human Services Secretary Patricia Roberts Harris announced recently.

On a per capita basis, 1979 health spending from all sources amounted to an estimated \$943 per person. And of that amount, \$406 or 43 percent represented public spending.

These latest comprehensive health spending estimates were compiled by HHS' Health Care Financing Administration and are published in the current issue of HCFA's quarterly journal, the *Health Care Financing Review*.

The journal notes that outlays for health care benefits by the Medicare and Medicaid programs administered by HCFA amounted to \$29.3 billion and \$21.7 billion, respectively, combining to pay for 27 percent of all personal health care in the nation. Benefits for hospital care alone amounted to \$29.7 billion for both programs.

Highlights among other figures in the report includes:

- Health spending in 1979 increased 12.5 percent from 1978 levels, up from the 11 percent growth seen in 1978.
- Expenditures for health care included \$54.4 billion in premiums to private health insurance, \$60.9 billion in federal payments and \$30.5 billion in state and local government funds.
- The \$85.3 billion bill for hospital care represented 40 percent of total health care spending in 1979. These expenditures increased 12.5 percent over 1978.
- Spending for physician services increased 13.4 percent to \$40.6 billion—19 percent of all health care spending.
- All third parties combined—private health insurers, governments, philanthropy and industry—financed 68 percent of the \$188.6 billion in personal health care in 1979, ranging from 92 percent of hospital care services to 64 percent of physicians' services and 39 percent of the remainder.
- Direct payments by consumers reached \$60 billion in 1979. This represented 32 percent of all personal health care expenses.

For a copy of the publication, a request should be made to the *Health Care Financing Review*, fall issue, and sent to: ORDS Publications, Room 1E9 Oak Meadows Bldg., 6340 Security Boulevard Baltimore, Md. 21235.

The number of patients in the United States with permanent kidney failure who needed dialysis increased 25 percent in 1979 while costs per patient decreased, says a report on the End Stage Renal Disease program released by the Department of Health and Human Services.

HHS' second annual report to Congress on the ESRD program says that patients undergoing kidney dialysis treatments grew from 36,463 in 1978 to 45,565 in 1979, more than doubling in 1978's increase of 12.4 percent. Program expenditures rose from \$737 million in 1978 to \$850 million in 1979, according to bills for payments posted as of January 4, 1980.

Although expenditures for the ESRD program increased because more patients came into the program, the report, prepared by HHS' Health Care Financing Administration, shows that costs per patient actually decreased 3.5 percent from the 1978 level of \$16,654 to \$16,075, based on current figures. The average payment rate for a dialysis session remained steady at \$149, and the amount paid to physician for supervisory services remained steady at approximately \$12 per session.

The report projects the number of people with End Stage Renal Disease eligible for Medicare will be 68,200 by fiscal year 1981 and will climb to almost 83,700 by FY 1985. Medicare benefit payments for these people are projected to increase from \$1.5 billion to about \$2.6 billion for the same period of time.

Copies of the report may be obtained by writing HCFA Publications, 1710 Gwynn Oak Rd., Room D-3, Baltimore, Md. 21235.

## Public Warned About Operation to Correct Myopia

The safety and effectiveness of a surgical procedure that has received nationwide publicity as a cure for nearsightedness (myopia) have been questioned by the federal government's top vision research advisory group.

A resolution adopted by the National Advisory Eye Council expressed grave concern that the procedure, radial keratotomy, is being adopted even though recent reports from foreign countries and the United States do not provide an adequate basis on which to assure the general public of its safety and efficacy. For this reason, the council called for

research on radial keratotomy and urged restraint on the part of patients and eye surgeons until the results of such research can be reviewed and evaluated by the ophthalmological community.

The council is the principal advisory body to HHS' National Eye Institute, the federal government's chief source of support for vision research.

National Advisory Eye Council members consider radial keratotomy to be experimental because they know of no studies which indicate the procedure has been subjected to adequate scientific evaluation in animals and humans. They said research is needed to determine how effective radial keratotomy is in correcting myopia and to evaluate the safety of the procedure and its short- and long-term side effects.

The council therefore urged the National Eye Institute to support research on radial keratotomy in animals, and also in humans provided patients are enrolled in scientifically sound clinical trials conducted by qualified investigators.

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## DOT Re-evaluates Handicapped Driver Rule

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The Department of Transportation's Federal Highway Administration is re-evaluating its Federal Motor Carrier Safety Regulation which prohibits individuals who have a loss of a limb or a limb impairment from driving in Interstate or foreign commerce.

The rule was first established in 1940, and amended in 1952 to allow handicapped drivers of buses and vehicles transporting hazardous materials to apply for a waiver. In light of technological advancements in prostheses and the antidiscrimination provision of the Rehabilitation Act of 1973, the Bureau of Motor Carrier Safety (BMCS) decided to review the distinction between those who are eligible for a waiver and those who are not. BMCS published a "Notice of request for public comment" in the June 12, 1980 *Federal Register*. All comments are due by October 10, 1980.

"Although the data for increased risk of accidents, deaths, and injuries associated with buses and trucks carrying hazardous materials are substantial," the BMCS writes, "they do not specifically address the question of whether a handicapped driver would influence the data. To BMCS's knowledge, no study has been undertaken to assess the risks to safety of drivers with limb handicaps driving passenger or hazardous cargo vehicles. The better designed and controlled handicapped driver studies do, however, support the position that there is an increased risk of accidents associated with handicapped drivers."

The BMCS cites specifically a 1968 Chancer and McMurray study, *Accident and Violation Rates of Washington's Medically Restricted Drivers*; a 1966 Ysander study, *The Safety of Physically Disabled Drivers*; and a recent study by D. Barry Negri, *Accidents Involving Handicapped Drivers*.

Our studies show that there are also increased risks of accidents for buses and trucks, and that there has been a sharp 36 percent increase in bus accidents compared to a 10 percent increase in truck accidents.

The BMCS concludes, therefore, "the literature and accident statistics indicate there are increased risks associated with handicapped drivers in addition to the inherent dangers associated with bus driving and the transportation of hazardous materials.

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## HHS Sets New Fire Safety Rules For Hospitals and Nursing Homes.

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The Department of Health and Human Services has proposed to require new nursing homes to have automatic sprinkler systems in order to participate in Medicare and Medicaid.

The proposed rule, published in the July 28 *Federal Register*, would affect any skilled or intermediate care facility for which final building plans are approved by the state 90 days after the regulation becomes final.

The department also announced that it has adopted the new Fire Safety Evaluation System that will help to reduce the cost of requiring sprinkler systems in new homes. Developed by the National Bureau of Standards, the FSES allows hospitals and nursing homes participating in Medicare and Medicaid to comply with the Life Safety Code of the National Fire Protection Association by selecting from a variety of alternatives which provide an equal measure of fire safety.

Under current federal requirements, two-thirds of the 18,000 facilities now participating in Medicare and Medicaid are required to have sprinkler systems. New and existing facilities with certain types of fire resistive or noncombustible construction are currently exempted. Twelve states require all nursing homes to have the systems.

Every year, approximately 700 new nursing facilities seek to participate in Medicare and Medicaid. Approximately three-fourths of these new facilities fall under existing federal and state sprinkler requirements. The proposed regulation would extend the federal sprinkler requirements to the remaining one-fourth at a cost estimated at less than \$10 million a year.

# **Safety Design for the Handicapped Conference**

Fire and safety design for the handicapped will be the focus of a national conference to be held in Washington, D.C., in October 1980. The National Task Force on Life Safety and the Handicapped and the AIA Research Corporation have organized the three-day conference, which is sponsored by the National Bureau of Standards with the support of the Veterans Administration, the U.S. Department of Labor, and the U.S. Fire Administration/Federal Emergency Management Agency.

The conference, hosted by Howard University, is expected to draw a large cross section of architects, builders, planners, code officials, government and private agencies, and other interested groups. The meeting will serve as a forum for increasing the general public's awareness of the need to enforce Section 512 of the National Fire Protection Association's (NFPA) Life Safety Code 101.

Section 512, which is part of the new life safety code up for review by the NFPA in November, 1980, incorporates a series of revisions for life safety design for the handicapped. These revisions are concerned primarily with creating safety areas on every floor of any new building.

The meeting will also produce an implementation plan from the recommendations generated at the November 1979 Conference on Life Safety and the Handicapped held at the National Bureau of Standards in Gaithersburg, Md. Such action is hoped not only to create a general awareness of the need for life safety design for the handicapped, but also to lead to a national constituency for the further development and continuation of work in related fields.

The conference is scheduled to take place October 27-29, 1980 at Howard University in Washington, D.C. The NBS Center for Fire Research has published and has available the proceedings from similar workshops and the 1979 Conference.

The National Task Force on Life Safety and the Handicapped is a not-for-profit organization founded in 1978 and made up of representatives from the Veterans Administration, the National Bureau of Standards, the Department of Health and Human Resources, the American Institute of Architects, the President's Committee on Employment of the Handicapped, the National Center for a Barrier-Free Environment, and other interested groups.

The AIA Research Corporation, established by the American Institute of Architects in 1972, performs a wide variety of applied research projects on national issues related to the built environment. The AIA/RC initiated its work with life safety design for the handicapped in 1979 with a series of

led to the current production of the 1980 Conference.

For further information contact: Howard Teich, Chairman, National Task Force on Life Safety and the Handicapped, P.O. Box 19044, Washington, D.C. 20036, (202) 421-4040.

## **Sexual Attitude Workshop**

The New England Regional Spinal Cord Injury Center of the University Hospital in Boston is conducting a Sexual Attitude Reassessment Workshop in conjunction with the Task Force on Sexuality and Disability. The two-day workshop will be held November 22 and 23, 1980, and is open to all interested professionals and students in the field. Tuition is \$75 per person, but a limited number of scholarships are available for disabled people who cannot afford full tuition. For additional information contact: Dr. Stanley H. Ducharme (617) 247-5291, or write Wendy Storch, Rehabilitation Community Coordinator, University Hospital, 75 East Newton St., Boston, MA 02118.

## **Library and Information Fellowships**

The Department of Library Science at Northern Illinois University is offering five fellowships for instruction in "Library and Information Services to the Handicapped" during the Spring, Summer and Fall semesters in 1981. Each fellowship recipient will pursue an individualized program of studies based on personal needs and interests that will include courses in the Library Science Department and other departments of the university. Priority will be given to persons already holding a master's degree in Library Science. Those who do not have a degree in Library Science and qualified handicapped persons are encouraged to apply. The fellowship includes tuition waiver, a stipend of up to \$4700 for the full year, and a dependency allowance. Deadline for the receipt of applications is December 1, 1980. The fellowship program is being funded through the United States Department of Education under the Higher Education Act of 1965, Title II-B. For further information contact Dr. Henry C. Dequin, Project Director, Department of Library Science, Northern Illinois University, DeKalb, Illinois 60015. Telephone: (815) 753-1735.

# First Total Community of Deaf, Deaf-Blind, and Deaf-Multihandicapped Dedicated

The Dedication of Phase I of Columbus Colony, a \$30 million, three-phased community for the care of deaf, deaf-blind and deaf-multihandicapped persons from throughout the country, took place on August 24 and 25 in the Columbus suburb of Westerville, Ohio.

Partially funded by HUD, Phase I consists of a \$4 million, four-story, 106-unit apartment complex, and a \$2.2 million, 100-bed nursing home emphasizing care for the elderly. Phase I was completed in 1979.

"The dedication is a significant event for the nation's deaf because it represents the first total community designed for their needs anywhere in the United States," according to Harvey Katz, president of the Ohio School for the Deaf Alumni Association, sponsor of Columbus Colony.

The apartment complex features specially designed living units and an advanced communications system, including Braille adaptations, closed circuit television, and special doorbell and emergency signals.

The nursing home features rooms enabling beds to be placed against opposite walls so that the elderly deaf can see each other and converse manually. It also includes a dining hall and several activity areas to facilitate programs for residents.

Both, the apartment complex and the nursing home are currently operating at full capacity. Waiting lists have been established for future apartment and nursing home residents. Phase II and III, which are in the concept stages of development, will include a clinic, opportunity house, research center, community center/chapel, commercial center, and additional housing units.

## "Ability Counts" Writing Contest

Thousands of young Americans have become more sensitive to the problems and abilities of disabled people through their participation in the President's Committee (and participating Governors' Committees) on Employment of the Handicapped "Ability Counts" Research Writing Contest. However, participation by students with handicaps has been minimal.

The theme for 1981 is "Mainstreaming of Disabled Students in My Community's Schools."

The contest is first conducted on the State level; then on the national level. All juniors and seniors in high school are eli-

gible to enter. This is an opportunity for disabled students to involve themselves in their own future. It's an opportunity for them to possibly win national cash prizes from \$500 to \$2,000.

Reports are limited to three pages. The deadline for entry is March 1, 1981. For more information, contact the President's Committee on Employment of the Handicapped, Washington, D.C. 20210; telephone: (202) 653-2222.

## "Design for Accessibility" Schedule

A traveling show program is being conducted by the National Easter Seal Society to help special interest groups understand the techniques for making buildings accessible to persons with disabilities. The program is being presented at organizational conventions of more than fifty organizations during a one-year period. "Design for Accessibility," which includes a presentation that illustrates how space can be designed to provide accessibility, is adjusted to fit the particular needs and concerns of each audience. Underscoring the program is a plea for greater consistency in building codes and regulations that require buildings to be constructed to ensure accessibility by the growing number of people with disabilities, including those caused by aging.

A list of organizational conventions where "Design for Accessibility" will be conducted during the remainder of the year follows:

National Association of Realtors	Nov. 6-8	Atlanta
American Society of Landscape Architects	Nov. 24	Des Moines
Association of Student Chapters American Institute of Architects	Nov. 28	Philadelphia
National League of Cities	Dec. 2	Atlanta
Building Owners and Managers Assn.	Dec. 6	Washington
National Association of Housing and Redevelopment Officials	Dec. 9	Seattle
National Conference of State Legislatures	Dec. 17	Washington

For further information, contact Rita McGaugh, Director, The National Easter Seal Society, 200 N. Wabash Avenue, Chicago, IL 60612, telephone: (312) 644-1000.

## CITIZENSHIP

*Advancing Your Citizenship: Consumerism/Advocacy for Persons with Disabilities* is a comprehensive bibliography comprising 289 references on consumerism/advocacy drawn from over 100 different periodicals, books, monographs, reports, and proceedings. Covered are a wide range of subject areas such as consumer involvement/client participation, civil rights/legal rights, protective services, self-help groups/organizations, client assistance projects, types of advocacy, individualized program planning, legislation, vocational rehabilitation, public welfare, business/marketing consumerism, and research. Each coded reference is followed by a detailed descriptive annotation. Designed as a working tool for professionals, consumers/advocates, and students of the advocacy/consumer movement, this document will direct the reader to a wide range of literature on consumer/advocacy theory, research and practices, as well as a variety of training manuals. This resource is the second in a research and training series titled "Advancing Your Citizenship." The first in the series is *An Advocacy Manual for Persons with Disabilities*. Presented in a question and answer format, it is expressively written for handicapped individuals, their parents, and their advocates. The materials in this series are an outgrowth on work being done in the area of consumerism/advocacy for disabled persons at the University of Oregon Rehabilitation Research and Training Center in Mental Retardation.

Copies of these publications are available from the Materials Distribution, Rehabilitation Research and Training Center in MR, 2nd Floor Clinical Services Bldg., University of Oregon, Eugene, OR 97403, at \$5 each prepaid, with checks payable to the University of Oregon.

## ACCESSIBILITY

*A Guide To Designing Accessible Outdoor Recreation Facilities* is a new booklet by the Heritage Conservation and Recreation Service of the U.S. Department of the Interior, Lake Central Region. It is a workbook intended for park and recreation planners and managers which provides general guidelines and common-sense design considerations for making outdoor recreation facilities accessible to handicapped individuals. It is intended to complement the American National Standards Institute (ANSI) standards by illustrating some successful applications of these concepts. Single copies are available free from the Information Exchange, Heritage Conservation and Recreation Service, 440 G Street, N.W., Washington, D.C. 20243.

## REHAB ENGINEERING

*Rehabilitation Engineering: A Counselor's Guide* is the collective work of people from Rehabilitation Engineering Centers, State Vocational Rehabilitation agencies, the Rehabilitation Services Administration, and the Research and Training Center, Stout Vocational Rehabilitation Institute, Menomonie, Wisconsin. The objective of this monograph is to show how engineering techniques can be applied within the rehabilitation process to enhance the vocational options of severely handicapped persons. It is specifically designed for rehabilitation counselors to expand their knowledge of engineering technology and facilitate its use throughout the rehabilitation process. It also has significance for administrators, facility and other rehabilitation specialists, O.T.'s, P.T.'s, engineers and consumers as they design, deliver or support the utilization of engineering technology for handicapped people. Copies are available from the Research and Training Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

## DISINCENTIVES

*Work Disincentives and Rehabilitation*, by Monroe Berkowitz, addresses the public policy dilemma resulting from conflicting benefits and work disincentives in programs such as Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

"In effect," says the author, "we are telling disabled people that they must be permanently and totally disabled in order to qualify for income support and needed medical services which they otherwise could not afford. On the other hand we are saying that in order to continue to receive benefits they must participate in rehabilitation programs which are supposed to lead to re-entry into the labor force, and thus a status of 'able-bodied' for purposes of benefit eligibility."

The book identifies the general parameters of the problem, describes the current programs available to assist disabled workers, examines the research that has been done in this area, and offers some conclusions regarding reforms. Copies are available while supplies last from the Institute for Information Studies, 400 N. Washington Street, Falls Church, VA 22046.

## MENTALLY ILL

*The Community Imperative: Proceedings of a National Conference on Overcoming Public Opposition to Community Care for the Mentally Ill* reports on a two-year project designed to focus on the origins of public opposition to community care for the mentally ill and the emerging public education and community organizing strategies responding to citizen concerns. The project was jointly funded by the National Institute of Mental Health and the National Endowment for the Humanities and sponsored by the Horizon House Institute for Research and Development, Stafford House Suite L8, 5555 Wissahickon Ave., Philadelphia, PA 19144. Price, \$10.00.

## INDEPENDENT LIVING

Two new monographs have been recently developed under the International Exchange of Experts in Rehabilitation, a Rehabilitation Services Administration/National Institute of Handicapped Research funded project whose purpose is to expand the rehabilitation knowledge base in the U.S. by commissioning foreign experts to write about topics of interest where they know there are knowledge gaps in the U.S.

*Monograph Number Three: Vocational Training for Independent Living*, by Trevor R. Parmenter, Macquarie University, New South Wales, Australia, presents the development of vocational training programs designed to advance the concept of independent living skills of various groups of disabled persons from an Australian perspective.

*Monograph Number Four: The Value of Independent Living: Looking at Cost-Effectiveness in the UK*, by Jean Simkins, a senior consultant with the Economic Intelligence Unit, London, England, examines some aspects of independent living for handicapped people from a cost-benefit standpoint, within the context of the UK system of social services and benefits. It outlines some current issues and developments of interest, and suggests possible lines of approach which could be helpful in the different circumstances of the United States. Both publications are available free from the World Rehabilitation Fund, 400 East 34 Street, New York, NY 10016, as long as the limited supply lasts.

## COUNSELING

*Career Counseling and Job Placement of Disabled Students at Two Year Colleges: A Guide* draws upon the research and development activities over the past five years by the Institute for Research and Development in Occupational Education, Center for Advanced Study in Education, the City University of New York, on a variety of themes concerning the educational and occupational opportunities for disabled high school and college students. Included are a sample of concepts, experiences, activities, and resources contributed by practitioners at many colleges throughout the country. Available from: ERIC Document Reproduction Service, 3030 N. Fairfax Drive, Suite 200, Arlington, VA 22201, (703) 841-1212, order number 187-352, 211 page paper copy, \$13.80 plus \$1.87 postage; microfiche, \$.83 plus \$.15 postage.

## Energy Assistance

(continued from page 9)

only are eligible for financial assistance for energy conservation measures.

For preliminary energy audits and energy audits, states apply to DOE on behalf of themselves and institutions. For technical assistance and energy conservation measures, institutions submit applications to their state energy offices. The states review and rank applications and make funding recommendations to DOE. The time for submission of applications is determined by the state after publication of the notice concerning the grant program cycle by DOE. The review process, including both state and federal reviews, is generally complete within four months after the institution has submitted its application.

Additional information on the details of the programs are best obtained from the state energy office. Rules governing the programs were published as 10 CFR Part 455 in the Federal Register of April 2, 1979; April 17, 1979; and October 2, 1979. You may also contact the DOE office in your region or write to: Institutional Conservation Programs, Office of State and Local Assistance Programs, CS, U.S. Department of Energy, Room 2H027, 1000 Independence Ave., S.W., Washington, D.C. 20585.

minals have been made, MCS personnel say that theirs is the only one of its sophistication in full production and available for purchase. Total Talk will allow blind users in many professions to have total access to computer-stored information, formerly available only to sighted users.

Since Total Talk is comprised of a standard Hewlett-Packard terminal (Model 2621), with the addition of a speech board developed by the Votrax Corporation, and the operations programs developed by MCS staff, the terminal can be used by either sighted or blind persons.

In order to make Total Talk as assistive as possible, the software package (programs) designed by MCS allows the terminal to produce eight speaking modes, selectable by the user to meet specific needs. For example, information can be spoken a word, a line, or a page (the full CRT screen) at a time as it is being sent and/or received. When difficult words, acronyms, and other complicated data are encountered, the machine can be switched to the "spell" mode, in which information is spoken a letter at a time.

The volume, tone, and pitch of the speech are adjustable according to personal need and preference, as well as the speech rate, which is variable from 45 to 720 words per minute. (Average speaking rate for human speech is approximately 150 words per minute.)

One of the main problems with previously developed talking terminals has been the inability of the blind user to identify the position of the cursor (electronic pointer). This made it hard to locate specific information displayed on the CRT screen. Total Talk enables the blind person to identify the cursor's position through the use of a cursor locator key. This key instructs the machine to call out in numerical form the specific coordinates which inform the user of the cursor's position.

Total Talk is considered to be an "Intelligent" terminal in that it allows the user to perform editing functions with the material displayed on the screen. Features include the ability to insert or delete words, characters, and lines, and to set tabs and margins.

MCS states that this terminal is compatible with most mainframe computers in use today. This is partially due to the fact that certain of the communication parameters are adjustable, according to the specifications of the system being used.

For example, the baud speed (the rate at which characters are sent and received over data-communication lines) is variable at baud rates from 110 to 9600. Also, duplex and parity settings are adjustable.

This terminal communicates in the code known as ASCII, one of the main codes used in today's systems. Although the terminal is not compatible with computers using the EDCIDIC

tween the terminal and the host.

The employment applications of this machine are far-reaching in scope. Any job that calls for communications with a computerized information system may now be performed by a blind person. But it is also hoped that Total Talk will find widespread use in computer science departments of college and universities.

Total talk is presently available from Maryland Computer Services, Inc., 502 Rock Spring Avenue, Belair, MD 21010, telephone: (301) 879-3366. For more information, contact Mr. Mike Manson.—DB

## Programs

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**Developmental Disabilities—Basic Support and Advocacy Grants** 13.630

Administration on Developmental Disabilities  
202/472-6755

**Developmental Disabilities—Special Projects** 13.631

Administration on Developmental Disabilities  
202/472-6755

**Developmental Disabilities—University Affiliated Facilities**  
13.632

Administration on Developmental Disabilities  
202/472-6755

**Social Services for Low Income and Public Assistance Recipients** 13.642 (A)

Division of Policy Communication  
202/472-4415

**Social Services Research and Demonstration** 13.647 (B)

Division of Research and Demonstration  
202/245-6233

## Health Care Financing Administration

**Medical Assistance Program (Medicaid)** 13.714 (A)  
Program Operations

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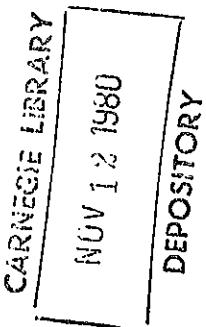
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